AMENDMENT TRANSMITTAL LETTER							Docket No. 118160-00301	
Application No. 09/445,289]		Examiner		Art Unit		
					S. J. Devi		1645	
Applicant(s): Gali			LISES THERI	=FOR				
IIIVerition. BAOTE		WIONES AND	OOLO IIILIII					
	TC	THE COMMI	SSIONER FO	OR PAT	ENTS			
Transmitted here					ication.			
The fee has beer	n calculated an	d is transmitte	d as shown b	elow.				
	Claims		S AS AMENI	DED				
	Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate			
Total Claims	20	- 93 =	0	Х	60.00		0.00	
Independent Claims	5	- 19 =	0	x	250.00		0.00	
Multiple Depend	dent Claims (ch	eck if applicabl	le)					
Other fee (pleas								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:							0.00	
Large Entity				x 8	Small Entity			
x No additiona	al fee is require	d for this ame	ndment.					
Please char	ge Deposit Acc	count No	i	n the am	nount of \$		·	
A check in the	he amount of \$	i	to cover	the filing	g fee is encl	osed.		
Payment by	credit card. F	orm PTO-2038	3 is attached.					
X The Director	r is hereby auth	norized to char	ge and credit	Deposit	t Account No	50-4	1876	
	d below. A dup		this sheet is e	enclosed	d.			
x Credit a	ny overpaymei	nt.						
x Charge a	any additional fil	ing or application	on processing	fees requ	uired under 3°	7 CFR 1.16	and 1.17.	
/MLZ/				Г	Dated:	April 18	2012	
Maria Laccotrip	e Zacharakis,	Ph.D.			Jaica	April 10,	2012	
Attorney/Agent	Reg. No.: 56,	266						
MCCARTER &		P						
265 Franklin St Boston, Massa		0						
(617) 449-6512								
Lhereby cortify that this	naper (clong with	v naper referred to -	e heing attached =:	enclosed)	ie heing transmitt	ad via the Offi-	e electronic filin-	
I hereby certify that this system in accordance w			s being attached of	enciosed)	is being transmitte	eu via ine Οπι	e electronic illing	
Dated: April 18, 2012	Dated: April 18, 2012 Electronic Signature for Maria Laccotripe Zacharakis, Ph.D.: /MLZ/							